



Certification of Transportation For Home Trips for Resident Pupils At Kentucky School for the Blind And Kentucky School for the Deaf

FROM: _____ District

District Number: _____

TO: Office of District Support Services
 Kentucky Department of Education
 1501 Capital Plaza Tower
 500 Mero Street
 Frankfort, KY 40601
 Office: (502) 564-3846
 Fax: (502) 564-7574

School Year: _____

***Reminder:** Home trips cannot be over 37
 per school year.*

Name of Pupil	Please Indicate KSB or KSD	Home District	Number of Home Visits	DO NOT WRITE IN THIS SPACE
		TOTAL:		

Please mail or fax the certified copy to the above address or fax number.

I hereby certify that the trips shown above were made during the time period show to provide for the transportation of pupils to and from the Kentucky School for the Blind and the Kentucky School for Deaf. I hereby request reimbursement for same.

Signed: _____, Superintendent _____ District



Resident Form Instructions

The form is due on or before May 31. Districts transporting resident pupils receive reimbursement by check in June.

Please group pupils in the same school together. Each district must enter:

1. Your district name and number Your district name, number and the school year that you are applying for reimbursement each pupil's name
2. Indicate the school attending; KSB or KSD Please group pupils in the same school together. . (Kentucky Department of Education will only pay for trips to the Kentucky School for the Blind or School for the Deaf.)
3. List the home district.
4. Enter the total number of home visits provided per pupil for the school year.
5. The superintendent must sign and date the form.

Reminder: Short course pupils' weekly trips should equal no more than the weeks in attendance at the respective school.

For example, a pupil attends February 1 through February 28. There are only four Friday's available for home trips, therefore only four trips should be reported.